

ALAN R. BRAYTON, ESQ., S.B. #73685
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Attorneys at Law
222 Rush Landing Road
P.O. Box 6169
Novato, California 94948-6169
(415) 898-1555
(415) 898-1247 (Fax No.)

Attorneys for Plaintiff

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

IN RE: ASBESTOS PRODUCTS LIABILITY
LITIGATION (NO. VI),

Civil Action No. MDL. 875

This document relates to James Guthrie, Tony
Davidson, Ronald Zerangue, Samuel Rester,
John Gray, Elmer Parolini, Wayne Dufault, Jesse
Beverly, Jr. v. General Electric Company, Todd
Shipyards Corporation, Lockheed Martin
Corporation, Raytheon Aircraft Company,
McDonnell Douglas Corporation, United States
District Court for the Northern District of
California, Case No.C07-2542-JL , Filed May
14, 2007.

STATEMENT OF CASE STATUS AS
TO PLAINTIFF John A. Gray

Pursuant to Administrative Order No. 12 of May 31, 2007, the above-referenced plaintiff
makes the following statements:

1. SUBMISSION OF IDENTIFICATION INFORMATION

Plaintiff (full name): John A. Gray;

Date of Birth: May 21, 1948;

Last four digits of plaintiff's social security number: 4213;

Plaintiff is a: asbestos-related injury victim. (The person who suffered the asbestos-
related injury was John A. Gray).

2. SUBMISSION OR RELATED COURT ACTIONS

Plaintiff identifies the following related actions, the status of each of the following being

"pending" in the court unless otherwise indicated; with additional information on these related action(s) attached hereto and incorporated herein by this reference:

John A. Gray v. Asbestos Defendants, San Francisco Superior Court of the State of California, Case No. 274119; Claim of the Asbestos Injured Party for his personal injury. This case is active, pre-trial.

3. SUBMISSION OF STATEMENT OF CASE STATUS

A. Plaintiff identifies the following defendants as non-bankrupt and unsettled the above stated plaintiff has pled against: GENERAL ELECTRIC COMPANY

B. Plaintiff has achieved resolution of plaintiff's claim with the following defendants: Not applicable.

C. Plaintiff now desires to dismiss from Plaintiff's action the following Defendants: Not applicable.

D. Plaintiff identifies the following defendant(s) as currently in bankruptcy: Not applicable.

4. SUBMISSION OF MEDICAL REPORTS

Plaintiff submits that attached medical diagnosing report / opinion based upon objective and subjective data which is identified and descriptively set out within the report / opinion which will withstand a dispositive motion, and is based on objective and subjective data which is identified and descriptively set out within the report / opinion.

5. ALTERNATIVE PLAINTIFF SUBMISSION

Not Applicable.

6. TIMING REOUIREMENTS

Above plaintiff's action was filed on May 14, 2007 making this submission due on or before August 1, 2007.

7. SCREENED CASES

Plaintiff's claims are not the result of a mass screening.

8. EXCLUSIONS

This case is not designated as 2MDL 875 (MARDOC).

1 9. SETTLEMENT CONFERENCE / SUGGESTIONS OF REMAND

2 Plaintiff asks that a settlement conference be set in this matter and seeks remand of this
3 case back to the originating court.

4 10. MANNER OF SUBMISSIONS

5 In accordance with FRCivP Rule 5, a copy of the foregoing submission is served upon all
6 parties in this above-identified action (Case No.C07-2542-JL) pursuant to the local rules of the
7 United States District Court for the Northern District of California, upon filing with that Court,
8 using that Court's transmission facilities by means of the Court's CM/ECF (Case Management /
9 Electronic Case Filing) system.

10 Dated: 7/10/07

BRAYTON ♦ PURCELL LLP

11
12 By: 

David R. Donadio
Attorneys for Plaintiff John A. Gray

DEFENDANTS IN RELATED COURT ACTION

ALLIS-CHALMERS CORPORATION PRODUCT LIABILITY TRUST
BUCYRUS INTERNATIONAL, INC.
CROWN CORK & SEAL COMPANY, INC.
CRANE CO.
THOMAS DEE ENGINEERING CO., INC.
DURABLA MANUFACTURING COMPANY, INC.
THE GOODYEAR TIRE & RUBBER COMPANY
FOSTER WHEELER LLC
GARLOCK SEALING TECHNOLOGIES, LLC
LAMONS GASKET COMPANY
OWENS-ILLINOIS, INC.
PARKER-HANNIFIN CORPORATION
PLANT INSULATION COMPANY
QUINTEC INDUSTRIES, INC.
RAPID-AMERICAN CORPORATION
THORPE INSULATION COMPANY
UNIROYAL HOLDING, INC.
VIACOM, INC.
WESTERN MacARTHUR COMPANY
MacARTHUR COMPANY
WESTERN ASBESTOS COMPANY
DAIMLERCHRYSLER CORPORATION
FORD MOTOR COMPANY
GENERAL MOTORS CORPORATION
CSK AUTO, INC.
INGERSOLL-RAND COMPANY
LESLIE CONTROLS, INC.
VELAN VALVE CORPORATION
NATIONAL STEEL AND SHIPBUILDING COMPANY
IMO INDUSTRIES, INC.
HOPEMAN BROTHERS, INC.
J.T. THORPE & SON, INC.
METROPOLITAN LIFE INSURANCE COMPANY
GATKE CORPORATION
AMERICAN CONFERENCE OF GOVERNMENTAL INDUSTRIAL HYGIENISTS, INC.
UNDERWRITERS LABORATORIES, INC.
PNEUMO ABEX LLC
and DOES 1-8500,

Defendants.

John Gray vs. Asbestos Defendants (B❖P)
San Francisco Superior Court

GRAY, JOHN

DATE OF RADIOGRAPH

MONTH	DAY	YEAR
10	25	2006

WORKER'S Social Security Number

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ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A	B	P

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

1. FILM QUALITY <input checked="" type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Mottle <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____ (If not Grade I, mark all boxes that apply)																														
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?		YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A																												
2B. SMALL OPACITIES a. SHAPE/SIZE <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td><input checked="" type="checkbox"/> p</td> <td><input checked="" type="checkbox"/> p</td> </tr> <tr> <td><input type="checkbox"/> q</td> <td><input type="checkbox"/> q</td> </tr> <tr> <td><input type="checkbox"/> r</td> <td><input type="checkbox"/> r</td> </tr> <tr> <td><input type="checkbox"/> t</td> <td><input type="checkbox"/> t</td> </tr> <tr> <td><input type="checkbox"/> u</td> <td><input type="checkbox"/> u</td> </tr> </table>		PRIMARY	SECONDARY	<input checked="" type="checkbox"/> p	<input checked="" type="checkbox"/> p	<input type="checkbox"/> q	<input type="checkbox"/> q	<input type="checkbox"/> r	<input type="checkbox"/> r	<input type="checkbox"/> t	<input type="checkbox"/> t	<input type="checkbox"/> u	<input type="checkbox"/> u	b. ZONES <table border="1"> <tr> <th>R</th> <th>L</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>		R	L	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?		YES <input checked="" type="checkbox"/> Complete Sections 3B, 3C NO <input type="checkbox"/> Proceed to Section 4A																												
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) <table border="1"> <tr> <th>Chest wall</th> <th>Site</th> <th>Calcification</th> <th>Extent (chest wall; combined for in profile and face on)</th> <th>Width (in profile only) (3mm minimum width required)</th> </tr> <tr> <td>In profile</td> <td><input checked="" type="checkbox"/> R <input type="checkbox"/> L</td> <td><input checked="" type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> R <input checked="" type="checkbox"/> L</td> <td><input checked="" type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> R <input checked="" type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td>Other site(s)</td> <td><input checked="" type="checkbox"/> R <input type="checkbox"/> L</td> <td><input checked="" type="checkbox"/> R <input type="checkbox"/> L</td> <td>1 2 3</td> <td>a b c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b	Diaphragm	<input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	> 1/2 of lateral chest wall = 3	> 10 mm = c	Other site(s)	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	<input checked="" type="checkbox"/> R <input type="checkbox"/> L	1 2 3	a b c		
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3C. COSTOPHRENIC ANGLE OBLITERATION		R <input type="checkbox"/> L <input type="checkbox"/> Proceed to Section 3D NO <input checked="" type="checkbox"/> Proceed to Section 4A																												
3D. DIFFUSE PLEURAL THICKENING (mark site, calcification, extent, and width) <table border="1"> <tr> <th>Chest wall</th> <th>Site</th> <th>Calcification</th> <th>Extent (chest wall; combined for in profile and face on)</th> <th>Width (in profile only) (3mm minimum width required)</th> </tr> <tr> <td>In profile</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>Up to 1/4 of lateral chest wall = 1</td> <td>3 to 5 mm = a</td> </tr> <tr> <td>Face on</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> R <input type="checkbox"/> L</td> <td>1/4 to 1/2 of lateral chest wall = 2</td> <td>5 to 10 mm = b</td> </tr> <tr> <td></td> <td></td> <td></td> <td>> 1/2 of lateral chest wall = 3</td> <td>> 10 mm = c</td> </tr> <tr> <td></td> <td></td> <td></td> <td>1 2 3</td> <td>a b c</td> </tr> </table>				Chest wall	Site	Calcification	Extent (chest wall; combined for in profile and face on)	Width (in profile only) (3mm minimum width required)	In profile	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	Up to 1/4 of lateral chest wall = 1	3 to 5 mm = a	Face on	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L	1/4 to 1/2 of lateral chest wall = 2	5 to 10 mm = b				> 1/2 of lateral chest wall = 3	> 10 mm = c				1 2 3	a b c		
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4A. ANY OTHER ABNORMALITIES?		YES <input checked="" type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input type="checkbox"/> Proceed to Section 5																												
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"> <tr> <td>aa</td><td>at</td><td>ax</td><td>bu</td><td>ca</td><td><input checked="" type="checkbox"/> cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>ef</td><td>em</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>me</td><td>pa</td><td>pb</td><td>pi</td><td>px</td><td>ra</td><td>rp</td><td>tb</td> </tr> </table> OD If other diseases or significant abnormalities, findings must be recorded on reverse. (section 4C/4D) Date Physician or Worker notified? MONTH DAY YEAR				aa	at	ax	bu	ca	<input checked="" type="checkbox"/> cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	me	pa	pb	pi	px	ra	rp	tb
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4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> MONTH DAY YEAR																														

5.

Donald Breyer, M.D.
 6861 Gunn Drive
 Oakland, CA 94611-1442

DATE OF READING

MONTH	DAY	YEAR
11	08	2006

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- ☐ Eventration
- ☐ Hiatal hernia

Airway Disorders

- ☐ Bronchovascular markings, heavy or increased
- ☐ Hyperinflation

Bony Abnormalities

- ☐ Bony chest cage abnormality
- ☐ Fracture, healed (non-rib)
- ☐ Fracture, not healed (non-rib)
- ☐ Scoliosis
- ☐ Vertebral column abnormality

Lung Parenchymal Abnormalities

- ☐ Azygos lobe
- ☐ Density, lung
- ☐ Infiltrate
- ☐ Nodule, nodular lesion

Miscellaneous Abnormalities

- ☐ Foreign body
- ☐ Post-surgical changes/sternal wire
- ☐ Cyst

Vascular Disorders

- ☐ Aorta, anomaly of
- ☐ Vascular abnormality

4D. OTHER COMMENTS

CERTIFICATE OF SERVICE

I am employed in the County of Marin, State of California. I am over the age of 18 years and am not a party to the within action. My business address is 222 Rush Landing Road, P.O. Box 6169, Novato, California, 94948-6169.

On the date indicated below, I served the foregoing Statement of Case Status and attachments upon all counsel of record pursuant to the local rules of the United States District Court for the Northern District of California, upon filing with that Court, using that Court's transmission facilities by means of the Court's CM/ECF (Case Management / Electronic Case Filing) system.

On this _____ day of July 2007

/s/ John Derby

John Derby